



## Section XII: Children's Special Health Care Services (CSHCS)

### MPR I

The local health department (LHD) Children's Special Health Care Services (CSHCS) program shall assure that adequate, trained personnel are available to provide outreach, enrollment and support services for children and youth with special health care needs (CYSHCN) and their families.

*Reference: CSHCS Guidance Manual for Local Health Departments, Standard of Practice.*

#### Indicator I.1

LHD CSHCS shall maintain a staffing configuration that includes a Registered Nurse and a program representative to provide program services to CSHCS client caseload.

#### **This indicator may be met by:**

There shall be evidence that the staffing is adequate to provide the required program services to the community and caseload. The table below provides recommended staffing levels based on caseload. The staffing levels in this table are the historical recommendations associated with CSHCS; however, it is incumbent on each LHD to determine the appropriate staffing levels/configuration to meet the needs of the community and of the CSHCS enrolled caseload.

Caseload Ranges	Recommended Registered Nurse FTE	Recommended Program Representative FTE
<150	.25	.25
150-400	.50	.25-.50
401-600	1.0	.50
601-800	1.0-1.5	1.0
801-1,300	2.0	1.0-1.5
1,301-2,000	2.0-2.5	1.5-2.0
2,001-2,800	3.0	2.0
2,801-3,300	5.0	5.0
>3,300	6.0	6.0

#### **Documentation Required:**

**All below are required.**

- Roster indicating the LHD CSHCS staffing configuration. **Materials should be submitted in advance of the review.**
- On-site interview describing how the LHD CSHCS staffing configuration adequately meets the needs of the community (outreach/case-finding) and of the CSHCS enrolled caseload.

#### **Evaluation Question:**

Does the LHD staffing configuration allow the LHD to provide quality, CSHCS-required services?



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### **Indicator I.2**

The LHD shall submit a CSHCS staff roster to the MDCH CSHCS program and shall notify the MDCH within 30 days when changes to the roster occur.

#### **This indicator may be met by:**

There shall be evidence of a current, accurate staff roster. If changes have been made to the staffing, documentation exists showing that the revised roster was sent to MDCH within the 30 day time frame.

#### **Documentation Required:**

**All below are required.**

- A current roster that matches the reported and observable staffing.

**If changes occur the following are also required:**

- Dated correspondence (electronic or written) that the staff roster was submitted to MDCH initially and within required time frame following changes to staffing. **Materials should be submitted in advance of the review.**
- Personnel records indicating when staffing changes occurred as compared to submission of roster to MDCH.

#### **Evaluation Question:**

Is the LHD CSHCS Program maintaining an accurate CSHCS staff roster and communicating changes in staffing to MDCH in a timely manner?

### **Indicator I.3**

New LHD CSHCS employees shall take both the "What is Children's Special Health Care Services" and "LHD Orientation" on-line courses within 90 days of employment. All LHD CSHCS staff shall take these courses within 90 days of notification that the training courses have been updated.

#### **This indicator may be met by:**

There shall be evidence that exists of timely staff training using the "What is Children's Special Health Care Services" and "LHD Orientation" on-line courses within the specified timeframes.

#### **Documentation Required:**

**All below are required.**

- Written policy and procedure delineating staff training of new and on-going employees.
- Printed certificate of completed "What is Children's Special Health Care Services" on-line training including name and date. **Materials should be submitted in advance of the review.**



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- Dated notation in the employee's personnel record by the supervisor that the "LHD Orientation" on-line course has been taken (no printable certificate available for this training). **Materials should be submitted in advance of the review.**

### **Evaluation Question:**

Are LHD CSHCS program staff oriented timely and then updated as needed to the CSHCS program through use of the CSHCS "What is Children's Special Health Care Services" and "LHD Orientation" on-line course?

### **Indicator 1.4**

LHD CSHCS program shall designate at least one person from each county to attend CSHCS state-office regional meetings.

### **This indicator may be met by:**

There shall be evidence of routine staff training/updating through attendance at the CSHCS sponsored regional LHD meetings by at least one person from each county.

### **Documentation Required:**

**All below are required.**

- Staff roster with county assignment as compared to the CSHCS regional meeting sign-in sheet showing registrants and attendees (signature of attendees).
- If attendee neglected to sign in, other evidence of attendance as possessed by attendee/LHD.

### **Evaluation Question:**

Did at least one CSHCS staff person from each county attend MDCH sponsored CSHCS regional meetings?



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### MPR 2

In accordance with the security and privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA), the local health department CSHCS program shall manage CSHCS client protected health information (PHI) in a secure and private manner that results in coordinated care.

*Reference: HIPAA, CSHCS Guidance Manual for Local Health Departments, Standard of Practice.*

#### **Indicator 2.1**

The LHD CSHCS program staff shall routinely use the CSHCS On-Line database to securely manage CSHCS client PHI and effectively and efficiently coordinate care.

#### **This indicator may be met by:**

There shall be evidence of proficient and regular use of the CSHCS On-Line database by all LHD CSHCS program staff to successfully carry out local CSHCS functions.

#### **Documentation Required:**

**All below are required.**

- Written policy and procedure delineating use of the CSHCS On-Line database to carry out daily functions.
- During onsite reviews LHD staff will be asked to demonstrate proficiency with the database by showing reviewers how to find one or more of the following pieces of information using the CSHCS On-Line database:
  - Client look-up
  - Medical report received date
  - Medical report approved date
  - Listing of approved providers
  - Renewal information
  - Where to find MDCH/CSHCS notes
  - Client eligibility begin/end dates
  - How to print county-specific reports

#### **Evaluation Questions:**

- Are the LHD staff using the CSHCS On-Line database regularly and accurately to efficiently, effectively and securely obtain the information necessary to carry-out their daily functions such as communicating with CSHCS-enrolled clients and/or their families and coordinating CSHCS client care?
- Are policy and procedures in place that include use of the CSHCS On-Line database?



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### **Indicator 2.2**

The LHD CSHCS program staff shall use the secure electronic method of communication for sharing of PHI designated by CSHCS (e.g. EZ-Link).

#### **This indicator may be met by:**

There shall be evidence of proficient and regular use of the designated electronic system for sharing PHI, by the appropriate LHD CSHCS program staff to successfully carry out CSHCS functions.

#### **Documentation Required:**

**All below are required.**

- Written policy and procedure delineating use of the designated electronic data system for secure sharing of CSHCS PHI to carry out daily functions.
- Evidence of use of this data system (system "footprints" of use).

#### **Evaluation Questions:**

- Are the LHD staff regularly and accurately using the designated electronic system for sharing PHI to efficiently, effectively and securely share the information necessary to carry-out their daily functions including communicating with MDCH and coordinating CSHCS client care?
- Are policy and procedures in place that includes use of the designated electronic data system for sharing PHI?

### **Indicator 2.3**

LHD CSHCS shall have a shared, comprehensive client record for CSHCS enrollees that reflects communication among the staff and includes dates and staff identifier.

#### **This indicator may be met by:**

There shall be evidence that the LHD maintains comprehensive client record on all CSHCS enrollees that all local CSHCS staff use to record contacts and document services provided.

#### **Documentation Required:**

**All below are required.**

- Physical evidence of comprehensive client records exists. **The previous year's activities in client charts should be submitted in advance of the review (individual clients will be specified by MDCH).**
- Evidence that all CSHCS staff record contacts/CSHCS services in one client record including date of interaction and staff identifier.
- Evidence of referrals within the program (CSHCS program representative referring to CSHCS nurse and vice versa).



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### **Evaluation Questions:**

- Does the LHD CSHCS program maintain shared client records (all staff document in one, comprehensive client record)?
- Do the chart notations indicate communication among the CSHCS staff to ensure coordination of care for the CSHCS client?
- Do all client record notations include a date and staff identifier?

### **Indicator 2.4**

LHD CSHCS shall only access the minimum information necessary in the CSHCS On-Line database or other electronic data systems to complete tasks for CSHCS clients.

### **This indicator may be met by:**

There shall be evidence that LHD CSHCS staff implement the privacy provisions of HIPAA in carrying out their CSHCS tasks using the CSHCS electronic data systems and that staff receive the local health department's policy and procedure regarding HIPAA compliance.

### **Documentation Required:**

**All below are required.**

- Evidence that HIPAA compliant LHD policy and procedures have been shared with LHD CSHCS staff.
- Written policy and procedure delineating HIPAA compliant use of the CSHCS On-Line database.
- The LHD maintains on file a copy of signed and dated HIPAA agreement to comply form by each staff member.  
**Materials should be submitted in advance of the review.**
- On-site interview of how LHD CSHCS staff uses the data systems in a HIPAA compliant manner.

### **Evaluation Questions:**

- Have the LHD CSHCS staff received the LHD policy and procedure regarding HIPAA compliance?
- Have the LHD CSHCS staff been informed of HIPAA rules regarding privacy and have they signed an agreement to comply with these rules?



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### **Indicator 2.5**

LHD CSHCS shall offer families a private location for the exchange of confidential information.

#### **This indicator may be met by:**

There shall be evidence that the LHD CSHCS program has a private location and it is offered to CSHCS families where they can privately exchange confidential information.

#### **Documentation Required:**

**All below are required.**

- Written policy and procedure delineating how families are offered a private location to share confidential information with the LHD CSHCS staff.
- Physical evidence of a private location.
- On-site interview of how/when LHD CSHCS staff offer CSHCS clients and/or families the opportunity to discuss confidential information in a private location.

#### **Evaluation Question:**

Does the LHD CSHCS program have a private location for discussion of confidential information with CSHCS clients and/or families and is it routinely offered to them?



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### MPR 3

The local health department CSHCS program shall have family-centered policies, procedures and reporting in place.

**Reference:** *(CSHCS Guidance Manual for Local Health Departments, Standard of Practice, Health Resources and Services Administration (HRSA)/Maternal and Child Health Bureau (MCHB), Sec. 501 of Title V of the Social Security Act, MCHB Performance Indicator).*

#### **Indicator 3.1**

LHD CSHCS shall regularly use the most current Children's Special Health Care Services Guidance Manual for Local Health Departments (Guidance Manual) to effectively and consistently carry out local program expectations, policies and requirements.

#### **This indicator may be met by:**

There shall be evidence that the LHD CSHCS program staff routinely use the CSHCS Guidance Manual in carrying out local program expectations, policies and requirements.

#### **Documentation Required:**

**All below are required.**

- Written policy and procedure delineating how the LHD uses the most current Guidance Manual.
- On site interview will include having all LHD CSHCS staff demonstrate their proficiency with the Guidance Manual by showing reviewer(s) how to find one or more pieces of information in the Guidance Manual as indicated by the reviewer(s).

#### **Evaluation Question:**

Has the local health department demonstrated compliance and competence in routinely using the current CSHCS Guidance Manual?



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### **Indicator 3.2**

LHD CSHCS shall have written policies and procedures in accordance with CSHCS published policy that are reviewed annually and updated as needed regarding local CSHCS program functions.

#### **This indicator may be met by:**

There shall be evidence of written policies and procedures (electronic or hard-copy) that stipulate local procedures in accordance with current CSHCS published policy. NOTE: the list that follows includes the minimum, required written policies and procedures. Greater detail is included within each specified minimum program requirement throughout this document. There shall be evidence that the written policies and procedures are reviewed annually and updated as necessary and include at a minimum:

1. staff training of new and on-going employees. (Indicator 1.3)
2. use of the CSHCS On-Line data-base to securely manage CSHCS PHI and effectively and efficiently coordinate care. (Indicator 2.1)
3. use of the designated electronic data system for secure sharing of CSHCS PHI to carry out daily functions. (Indicator 2.2)
4. HIPAA compliant use of the CSHCS On-Line database. (Indicator 2.4)
5. how families are offered a private location for exchange of confidential information with the LHD CSHCS staff. (Indicator 2.5)
6. how the LHD CSHCS staff use the most current Guidance Manual. (Indicator 3.1)
7. how and when family input is obtained. (Indicator 3.3)
8. CSHCS rights and responsibilities and how clients/families are informed of their rights and responsibilities and when. (Indicator 3.4)
9. how the data, required for the November 15<sup>th</sup> annual report is collected, compiled, submitted by the specified date. (Indicator 3.5)
10. how outreach to families and the community is conducted. (Indicator 4.1)
11. how and what outreach materials are disseminated to families and the community. (Indicator 4.1)
12. referral process including information about available community resources for LHD clients with special health care needs but not enrolled in CSHCS. (Indicator 4.2)
13. how/when diagnostic evaluations are issued and documented. (Indicator 4.3)
14. how/when families are informed and/or referred to the Family Center, Family Phone Line and Family Support Network as appropriate. (Indicator 4.4)
15. how assistance is provided to families who are referred or who contact the LHD directly in completion of the CSHCS application process and/or forms. (Indicator 5.1)
16. the manner in which families who have not returned the CSHCS application within 30 days of invitation are located, how the ones who are located are contacted, the number of attempts made when contacting families, the process by which assistance is offered and how these attempted and successful contacts are documented. (Indicator 5.2)
17. how the LHD CSHCS program follows up with those with a temporary eligibility period (TEP). (Indicator 5.3)
18. how assistance is provided to families in applying for other programs. (Indicator 5.4)
19. the process for the contact at initial enrollment (who, what and when) including but not limited to general CSHCS program information and a description of CSHCS benefits applicable to the current client/family circumstances, as well as other related programs/benefits. (Indicator 6.1)
20. the process for annual contact (who, what and when) which includes at a minimum, updated information about the CSHCS program, benefits, assessment of client/family needs and collection of updated client/family information. (Indicator 6.1)



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21. how assistance is provided to enrolled clients/families addressing their care and services needs. (Indicator 6.2)
22. how assistance is provided to CSHCS clients who are aging-out of CSHCS and enrolling/transitioning in a MHP. (Indicator 6.3)
23. how assistance is provided to clients who are nearing identified transition ages. (Indicator 6.4)
24. how assistance is provided to clients/families in need of in-state transportation. (Indicator 6.5)
25. how in-state transportation is authorized for clients/families in accordance with CSHCS published policy and LHD Guidance Manual. (Indicator 6.5)
26. how assistance is provided to clients/families in need of out-of-state care and out-of-state transportation. (Indicator 6.6)
27. how Level I and Level II care coordination services are provided to clients/families when needed. (Indicator 6.7)
28. how case management services are made available to clients/families when needed. (Indicator 6.7)

### **Documentation Required:**

**All below are required.**

- Written policies and procedures delineating the specified, required procedures at a minimum. **Materials should be submitted in advance of the review.**
- Dated notation of annual review and revisions as necessary.

### **Evaluation Questions:**

- Does the local health department have written policies and procedures of local functions that are reviewed annually and updated as necessary?
- Do the policies and procedures include the required, minimum procedures?
- Are the policies and procedures in accordance with current CSHCS published policy?

### **Indicator 3.3**

LHD CSHCS shall facilitate the direct participation of families in the local CSHCS program development, evaluation and policy formation, at least annually.

### **This indicator may be met by:**

There shall be evidence of recruitment of family involvement for input, feedback and recommendations regarding possible improvements to the overall local CSHCS program.

### **Documentation Required:**

**(The first bullet is required as written. Other documentation is needed to complete the requirement.)**

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- Written policy and procedure delineating how and when family input is obtained.

**Example of further documentation needed that meet the requirement, including but not limited to.**

- Copies of outreach to families e.g., family survey documents and results, satisfaction surveys, focus groups, meeting notes etc. **Materials should be submitted in advance of the review.**
- On-site interview that indicates how family input is obtained and the outcome of family input.

### **Evaluation Question:**

Has the local health department elicited input from local families regarding the operation of the CSHCS program at the local level and how it could be improved?

### **Indicator 3.4**

LHD CSHCS shall inform families of their rights and responsibilities in the CSHCS program and must include at a minimum the information contained in the CSHCS model found in the Guidance Manual.

### **This indicator may be met by:**

There shall be evidence that families have been informed of their rights and responsibilities regarding the CSHCS program.

### **Documentation Required:**

**(The first bullet is required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating the CSHCS rights and responsibilities and how clients/families are informed of their rights and responsibilities and when.

**Example of further documentation needed that meet the requirement, including but not limited to.**

- Dated client chart notation that rights and responsibilities were shared with the family and staff identifier.
- Copy of written document given to families.
- Evidence of it being posted.
- On-site interview that indicates how families are informed of their rights and responsibilities.

### **Evaluation Questions:**

- Does the LHD CSHCS program inform clients/families of their rights and responsibilities regarding the CSHCS program?
- Do the rights and responsibilities include the required minimum elements as found in the Guidance Manual?



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### **Indicator 3.5**

By November 15 following the end of the fiscal year, the local health department CSHCS program shall report the duplicated number of clients referred for diagnostic evaluations, the unduplicated number of CSHCS eligible clients assisted with CSHCS enrollment, and the unduplicated number of CSHCS clients assisted in the CSHCS renewal process.

#### **This indicator may be met by:**

There is evidence that the CSHCS LHD program submitted the data report including the required data elements by the specified date in accordance with following element definitions:

**Duplicated Number of Clients Referred for Diagnostic Evaluation** is defined as: Number of individuals the local health department (LHD) referred for and/or assisted in obtaining a diagnostic evaluation during the fiscal year. Those eligible for this service must have symptoms and medical history indicating the possibility of having a CSHCS qualifying condition that cannot be determined from existing medical information. Individuals currently enrolled in a commercial Health Maintenance Organization (HMO), Medicaid Health Plan (MHP) or with other commercial insurance coverage must seek an evaluation by an appropriate physician sub-specialist through their respective health insurer. A diagnostic may be issued for insured persons to cover the cost of the evaluation that is by policy not covered by the health insurance (e.g. co-pay, deductible).

**Unduplicated Number of CSHCS Eligible Clients Assisted with CSHCS Enrollment** is defined as: Number of CSHCS eligible clients the LHD assisted in the CSHCS enrollment process during the fiscal year. This assistance includes but is not limited to helping the family obtain necessary medical reports to determine clinical eligibility, completing the CSHCS Application for Services, completing the CSHCS financial assessment forms, etc. "Assisted" refers to help provided either over the telephone or in person with the client.

**Unduplicated Number of CSHCS Clients Assisted in the CSHCS Renewal Process** is defined as: Number of CSHCS enrollees the LHD assisted in the completion and/or submission of the documents required for MDCH to make a determination whether to continue/renew CSHCS coverage during the fiscal year. "Assisted" refers to help provided either over the telephone or in person with the client.

#### **Documentation Required:**

**All below are required.**

- Written policy and procedure delineating how the data, required for the November 15<sup>th</sup> annual report, is collected, compiled and submitted within the specified timeframe.
- MDCH receipt of data report within the required timeframe and including the required elements.

#### **Evaluation Question:**

Does the LHD CSHCS program submit the data report as required within the specified time?



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### MPR 4

The local health department CSHCS program shall provide outreach, case-finding, program representation and referral services to CYSHCN/families in a family-centered manner and to community providers.

**Reference:** MCHB Performance Measures, Michigan Public Health Code, 333.5805 (1) a.

#### **Indicator 4.1**

LHD CSHCS shall routinely conduct outreach/case finding and program representation which includes, but is not limited to, the provision of information regarding CSHCS policy on diagnostic referrals, program eligibility, and covered services, to families, local hospitals, providers, the community and other agencies.

#### **This indicator may be met by:**

There shall be evidence of outreach, case-finding and program representation to families and community organizations.

#### **Documentation Required:**

(The first two bullets are required as written. Other documentation is needed to complete the requirement.)

- Written policy and procedure delineating how outreach to families and the community is conducted.
- Written policy and procedure delineating how outreach materials are disseminated to families and the community.

#### **Example of further documentation needed that meet the requirement, including but not limited to.**

- Agendas for meetings held with hospitals or other community agencies. **Materials should be submitted in advance of the review.**
- Sign-in sheets including title of meeting, location and date. **Materials should be submitted in advance of the review.**
- Copies of letter inviting/confirming attendance at community functions or meetings. **Materials should be submitted in advance of the review.**
- Log sheet summarizing outreach efforts. **Materials should be submitted in advance of the review.**
- On-site interview that indicates how outreach, case-finding and program representation to families and community organizations are accomplished. **Materials should be submitted in advance of the review.**

#### **Evaluation Question:**

Does the LHD CSHCS program provide the required outreach, case-finding and program representation to families and organizations/providers in the community?



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### **Indicator 4.2**

LHD CSHCS shall refer CYSHCN and CSHCS clients to other needed services/programs.

#### **This indicator may be met by:**

There shall be evidence of referral procedures and practices for families of CYSHCN and those enrolled in the CSHCS program.

#### **Documentation Required:**

**(The first bullet is required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating referral process including information about available community resources for LHD clients with special health needs but not enrolled in CSHCS.

#### **Example of further documentation needed that meet the requirement, including but not limited to.**

- Dated client chart notation in the comprehensive client chart and/or on the plan of care for clients enrolled in CSHCS including staff identifier.
- On-site interview that indicates when and how families of CYSHCN as well as of CSHCS are referred to other needed services/programs.

#### **Evaluation Question:**

Does the LHD CSHCS program refer CSHCS clients as well as clients with special health needs who are not enrolled in CSHCS to other needed programs and services?

### **Indicator 4.3**

LHD CSHCS shall arrange diagnostic evaluations in accordance with CSHCS published policy and assist with Release of Information form(s) to secure medical reports for purposes of determining CSHCS medical eligibility.

#### **This indicator may be met by:**

There shall be evidence of referral of clients/families for diagnostic evaluations following the required MDCH procedure and assisting families in the process of getting appropriate medical records sent to CSHCS to determine CSHCS medical eligibility.

#### **Documentation Required:**

**All below are required.**

- Written policy and procedure delineating how/when diagnostic evaluations are issued and documented.
- Electronic or hard copy of the CSHCS Diagnostic Form (MSA-0650(E)).

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- Electronic or hard copy of the LHD Release of Information (or notation indicating date issued and to whom).

### **Evaluation Question:**

Does the LHD CSHCS program arrange diagnostic evaluations following CSHCS published policy and assist with Release of Information forms on behalf of clients/families to determine CSHCS medical eligibility?

### **Indicator 4.4**

LHD CSHCS shall refer all families to the CSHCS Family Center for Children and Youth with Special Health Care Needs (Family Center). All written documents sent to families from the LHD shall contain the Family Phone Line toll-free number and the CSHCS website ([www.michigan.gov/cshcs](http://www.michigan.gov/cshcs)).

### **This indicator may be met by:**

There shall be evidence of referral of clients/families to the Family Center, to include the Family Phone Line and Family Support Network when appropriate as well as inclusion of the required information on all family-focused materials and correspondence to families.

### **Documentation Required:**

**(The first two bullets are required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating how/when families are informed and/or referred to the Family Center, which includes referral to the Family Phone Line and Family Support Network as appropriate.
- Family correspondence and public relations materials contain the Family Phone Line number and the CSHCS website. **Materials should be submitted in advance of the review.**

### **Example of further documentation needed that meet the requirement, including but not limited to.**

- Dated client chart notation including staff identifier.
- Plan of care.
- Checklist.
- Annual update.
- Family correspondence.
- On-site interview that indicates when and how families receive information and referral to the Family Center.

### **Evaluation Questions:**

- Does the LHD CSHCS program refer all families to the Family Phone Line, Family Center and the Family Support Network as appropriate?
- Has the LHD CSHCS program included the Family Phone Line toll-free number and the CSHCS website on all written correspondence and documents developed for families?

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### MPR 5

The local health department CSHCS program shall assist families in the CSHCS application and renewal process as well as the application processes for other relevant programs.

**Reference:** Michigan Public Health Code 333.5805, 333.5817, CSHCS Guidance Manual for Local Health Departments.

#### **Indicator 5.1**

LHD CSHCS shall assist any family who is referred to or who contacts the local health department with needs regarding completion of CSHCS application processes and/or forms.

#### **This indicator may be met by:**

There shall be evidence that the LHD CSHCS has assisted families who have been referred or who have contacted the LHD for help with the CSHCS application process and/or forms.

#### **Documentation Required:**

**(The first bullet is required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure which includes assisting families who are referred or who contact the LHD directly in the completion of the CSHCS application process and/or forms.

#### **Example of further documentation needed that meet the requirement, including but not limited to.**

- Dated client chart notation documenting assistance provided to the client/family in completing the application and/or forms and staff identifier.
- Check box on application indicating LHD assisted with the CSHCS application.
- On-site interview that indicates how the LHD works with families who are referred or who contact the LHD for help with the CSHCS application process and/or forms.

#### **Evaluation Question:**

Does the LHD CSHCS program assist clients/families who are referred or who contact the LHD with the CSHCS application process and/or other form completion as needed?



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### **Indicator 5.2**

LHD CSHCS shall locate individuals or families who do not return a CSHCS Application within 30 days after being invited to join CSHCS, to offer assistance with application completion.

#### **This indicator may be met by:**

The LHD CSHCS program shall have evidence of attempting to locate those who have not returned an application within 30 days of being invited to join CSHCS and of offering to assist with completing the application.

#### **Documentation Required:**

**(The first bullet is required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating the manner in which families who have not returned the CSHCS application within 30 days of invite, are located, how the ones who are located are contacted, the number of attempts to be made when contacting families, the process by which assistance is offered, and how these attempted contacts and successful contacts are to be documented.

#### **Examples of further documentation needed that meet the requirement, including but not limited to.**

- Use of Notice of Action Application Follow-Up Report and notations of follow-up activities indicating multiple attempts to contact.
- On-site interview that indicates how attempts are made to locate families who have not returned the CSHCS application and how assistance is offered.

#### **Evaluation Questions:**

- Does the LHD CSHCS program adequately attempt to locate individuals or families who do not return a CSHCS Application within 30 days after being invited to join CSHCS?
- Does the LHD CSHCS program offer assistance with application completion to the families that have been located?

### **Indicator 5.3**

LHD CSHCS shall assist clients/families who have received a CSHCS 90-day temporary eligibility period (TEP).

#### **This indicator may be met by:**

There is evidence that the LHD CSHCS program contacts families that have a TEP and offers/provides assistance during their 90 day TEP to avoid loss of CSHCS coverage.



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### **Documentation Required:**

**(The first bullet is required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating how the LHD CSHCS program follows up with those with a TEP.

### **Examples of further documentation needed that meet the requirement, including but not limited to.**

- Evidence the LHD is maintaining and using the MDCH/CSHCS TEP letter and/or Client Eligibility Notice showing 90 day coverage to identify those who may need assistance.
- Dated client chart notation documenting contact with families that have TEP coverage within 30 days of receipt of MDCH letter.
- Evidence of in-person or over-phone assistance provided to the family to complete the requirement that will extend the CSHCS coverage beyond 90 days.
- On-site interview that indicates how the LHD contacts families who have received a TEP and offers/provides assistance to avoid the loss of CSHCS coverage.

### **Evaluation Question:**

Does the LHD appropriately assist families in completing the TEP process prior to the 90 day deadline?

### **Indicator 5.4**

LHD CSHCS shall assist persons in making applications for other programs in the community for which the child and/or family may be eligible, such as Early On, WIC, MICHild, Healthy Kids, Medicaid, SSI and Medicare.

### **This indicator may be met by:**

The LHD CSHCS shall have evidence of assisting families in applying for other programs for which they might be eligible such as Early On, WIC, MICHild, Healthy Kids, Medicaid, SSI and Medicare.

### **Documentation Required:**

**(The first bullet is required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating how assistance is provided to families in applying for other programs.

### **Examples of further documentation needed that meet the requirement, including but not limited to.**

- Dated client chart notation documenting application assistance and staff identifier.
- Information regarding other program application assistance in the client's Family Needs Summary Checklist.
- Information regarding other program application assistance in the individual plan of care.
- On-site interview that indicates how the LHD assists families in applying for other programs that the client/family may be eligible.



## **Section XII: Children's Special Health Care Services (CSHCS)**

### **Evaluation Question:**

Does the LHD CSHCS program assist families in applying for other programs such as Early On, WIC, MICHild, Healthy Kids, Medicaid, SSI and Medicare?



## Section XII: Children's Special Health Care Services (CSHCS)

### MPR 6

The local health department CSHCS program shall provide information and support services to CSHCS enrollees and their families.

**Reference:** HRSA/MCHB Sec. 501 of Title V of the Social Security Act, MCHB Performance Indicators. Michigan Public Health Code 333.5805.

#### **Indicator 6.1**

LHD CSHCS shall initiate contact to inform CSHCS clients/families of applicable CSHCS and related benefits upon enrollment and as needed according to individual circumstances. Following initial enrollment, CSHCS enrolled families shall be contacted at least annually to provide updated information about the CSHCS program, benefits, and assess family needs and update client information.

#### **This indicator may be met by:**

There shall be evidence that, at enrollment, the LHD initiates a contact with CSHCS clients/families and informs them about CSHCS and the CSHCS benefits that are applicable to their circumstances at that time as well as other benefits that might address their needs. There shall also be evidence that the LHD contacts enrolled clients/families at least annually to provide updated information about the CSHCS program, benefits, assess family needs and update client information.

#### **Documentation Required:**

**(The first four bullets are required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating the process for the contact at initial enrollment (who, what and when) including but not limited to general CSHCS program information and a description of CSHCS benefits applicable to the current client/family circumstances, as well as other related programs/benefits.
- Written policy and procedure delineating the process for annual contact (who, what and when), which includes at a minimum, updated information about the CSHCS program, benefits, assessment of client/ family needs and collection of updated client/family information.
- Dated client chart notation or other documentation including staff identifier that the client/family has been informed of the various applicable CSHCS benefits initially and during the annual contact at a minimum.
- Dated client chart notation or other documentation including a staff identifier that the client/family has been contacted at least annually.

#### **Examples of further documentation needed that meet the requirement, including but not limited to.**

- Dated plan of care documenting notification with staff identifier to client/family regarding program benefits and updated information received at least annually.
- Dated "Notice of Action" or other documentation to MDCH/CSHCS to share updated client/family information as needed.



## Section XII: Children's Special Health Care Services (CSHCS)

- On-site interview that indicates how the LHD makes the initial contact and the annual contact with families and how they inform of the required information.

### **Evaluation Questions:**

- Has the LHD initiated contact with new clients/families?
- Has the LHD made contact with families on an annual basis at a minimum to share updated program information, assess client/family need and obtain updated client information?

### **Indicator 6.2**

LHD CSHCS shall assist the CSHCS enrolled client/family with needs related to CSHCS care and services.

### **This indicator may be met by:**

There shall be evidence that the LHD CSHCS assists enrolled clients/families with their needs related to care and services.

### **Documentation Required:**

**(The first two bullets are required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating how assistance is provided to enrolled clients/families addressing their care and services needs.
- Dated client chart notation documenting the client/family has been assisted with their needs related to care and services and staff identifier.

### **Examples of further documentation needed that meet the requirement, including but not limited to.**

- Dated notation in client's plan of care documenting the assistance the client/family has identified as needing with their care and services.
- Dated Notice of Action to MDCH/CSHCS requesting action that addresses the client's/family's needs related to care and services.
- Dated care coordination billing specific to assisting a client/family with their needs related to care and services.
- On-site interview that indicates how the LHD assists enrolled clients/families with their needs related to care and services.

### **Evaluation Question:**

Does the LHD CSHCS program assist clients and families in regard to their care and service needs?



## **Section XII: Children's Special Health Care Services (CSHCS)**

### **Indicator 6.3**

LHD CSHCS shall facilitate transition through the Medicaid Health Plan (MHP) process and into the MHP environment for CSHCS/Medicaid clients prior to and if needed, up to six months after aging out of CSHCS following the CSHCS required procedures as outlined in the CSHCS Guidance Manual for Local Health Departments.

#### **This indicator may be met by:**

There shall be evidence that the LHD provides assistance to clients, who are aging-out of CSHCS and will become enrolled with a MHP after CSHCS coverage ends, in transitioning into the MHP environment in accordance with CSHCS published policy.

#### **Documentation Required:**

**(The first two bullets are required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating how assistance is provided to CSHCS clients who are aging-out of CSHCS and enrolling/transitioning into an MHP.
- Dated client chart notation including staff identifier documenting the client has received assistance to enroll in and transition to an MHP following the CSHCS policy and procedure.

**Examples of further documentation needed that meet the requirement, including but not limited to.**

- Dated care coordination billing.
- On-site interview that indicates how the LHD assists clients who are aging out of CSHCS and will go into a MHP.

#### **Evaluation Question:**

Does the LHD assist with the transition of clients who are aging-out of CSHCS and going into a MHP?

### **Indicator 6.4**

LHD CSHCS program shall facilitate transition for CSHCS enrolled youth ages 18 and 20 and their families. When already in contact with CSHCS enrolled youth/families at earlier periods, the LHD CSHCS program shall begin the transition process as appropriate.

#### **This indicator may be met by:**

There shall be evidence that the LHD facilitates transition of youth ages 18 and 20 following the CSHCS guidelines. There shall be evidence that transition processes were begun prior to age 18 if the LHD was already in contact with the family.

#### **Documentation Required:**

**(The first two bullets are required as written. Other documentation is needed to complete the requirement.)**



## Section XII: Children's Special Health Care Services (CSHCS)

- Written policy and procedure delineating how assistance is provided to clients who are nearing identified transition ages.
- Dated client chart notation documenting the client has received assistance in preparing to transition into adulthood and staff identifier.

### **Examples of further documentation needed that meet the requirement, including but not limited to.**

- Dated notation in client's plan of care regarding the identified needs of the client/family with transition toward adulthood.
- Dated Notice of Action to MDCH/CSHCS requesting action that addresses the client's/family's needs related to transition to adulthood
- Dated care coordination billing specific to assisting a client/family with transition to adulthood.
- On-site interview that indicates how the LHD assists in the transition of youth ages 18 and 20 and of youth/family for those under age 18 that the LHD is already in contact at the appropriate times.

### **Evaluation Questions:**

- Does the LHD assist with the transition of clients from youth toward adulthood at ages 18 and 20?
- Does the LHD CSHCS program assist with transition at transition periods earlier than age 18 when already in contact with the family?

### **Indicator 6.5**

LHD CSHCS shall assist and authorize funded in-state travel assistance for CSHCS enrolled families as needed following CSHCS policies and procedures.

### **This indicator may be met by:**

There shall be evidence that the LHD CSHCS is assisting and authorizing in-state travel following CSHCS published policy for CSHCS enrolled client/families as needed and guidance in the Guidance Manual.

### **Documentation Required:**

**(The first three bullets are required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating how assistance is provided to clients/families in need of in-state transportation.
- Written policy and procedure delineating how to authorize in-state transportation for clients/families in accordance with CSHCS published policy and Guidance Manual.
- Dated client chart notation documenting the client has received in-state transportation assistance and staff identifier.



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**Examples of further documentation needed that meet the requirement, including but not limited to.**

- Dated notation in client's plan of care regarding in-state transportation assistance needs.
- Dated/signed CSHCS Transportation form (Form #MSA-0636) for specific clients.

### **Evaluation Question:**

Does the LHD assist with and provide authorization for in-state transportation services for clients/families following CSHCS policies and procedures?

### **Indicator 6.6**

LHD CSHCS shall assist with funded out-of-state care and out-of-state transportation for CSHCS-enrolled families as needed.

### **This indicator may be met by:**

There shall be evidence that the LHD CSHCS is assisting clients/families as needed with out-of-state care and out-of-state transportation.

### **Documentation Required:**

**(The first two bullets are required as written. Other documentation is needed to complete the requirement.)**

- Written policy and procedure delineating how assistance is provided to clients/families in need of out-of-state care and out-of-state transportation.
- Dated client chart notation documenting the client has received out-of-state care and out-of-state transportation assistance and staff identifier.

**Examples of further documentation needed that meet the requirement, including but not limited to.**

- Dated and signed notation in client's plan of care regarding out-of-state care and out-of-state transportation needs/assistance.

### **Evaluation Question:**

Does the LHD assist with out-of-state transportation services for clients/families as needed?



## **Section XII: Children's Special Health Care Services (CSHCS)**

### **Indicator 6.7**

The LHD CSHCS program shall provide Level I and Level II care coordination and make case management available to CSHCS families as needed, according to current CSHCS policies and procedures.

#### **This indicator may be met by:**

There shall be evidence that the LHD CSHCS program is providing Level I and Level II care coordination services and making case management services available to clients/families as needed in accordance with current CSHCS policies and procedures.

#### **Documentation Required:**

- Written policy and procedure delineating how Level I and Level II care coordination services are provided to clients/families when needed.
- Written policy and procedure delineating how case management services are made available to clients/families when needed.
- Dated client chart notation documenting the client has received Level I or Level II care coordination services or case management services and staff identifier.
- Dated notation in client's plan of care indicating the client has received Level I or Level II care coordination services or case management and staff identifier.
- Dated, client-specific care coordination billing indicating Level I and/or Level II care coordination. **Materials should be submitted in advance of the review.**
- Dated, client-specific case management billing. **Materials should be submitted in advance of the review.**

#### **Evaluation Questions:**

- Does the LHD provide Level I and Level II care coordination to clients/families when needed following CSHCS policy and procedures?
- Does the LHD make case management available to clients/families appropriately?